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26152 7590 11/21/2006

SPECIALIZED HEALTH PRODUCTS INC.
 c/o INTELLEVATE
 P.O. BOX 52050
 MINNEAPOLIS, MN 55402
 01/16/2007 JBALINR2 00000013 10721526

01 FC:1501 1400.00 OP
 02 FC:1504 300.00 OP



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Laura Bray	(Depositor's name)
<i>Laura Bray</i>	(Signature)
1/9/07	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/721,526	11/25/2003	Daniel K. Smith	SH026.4.1	5331

TITLE OF INVENTION: RESETTABLE SAFETY SHIELD FOR MEDICAL NEEDLES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$0	\$1000	02/21/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
RODRIGUEZ, CRIS LOIREN	3763	604-263000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Paul S. Evans

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Specialized Health Products, Inc.

Bountiful, Utah

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☐ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee
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☐ A check is enclosed.
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☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-3542 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

☒ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Paul S. Evans

Date 1/9/07

Typed or printed name Paul S. Evans

Registration No. 36,130

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Daniel K Smith et al.

Title: RESETTABLE SAFETY SHIELD FOR MEDICAL NEEDLES

Serial No.: 10/721,526

Examiner: Cris Loiren Rodriguez

Docket No.: SHP026.4.1

Group Art Unit: 3763

Filed: November 25, 2003

Confirmation No.: 5331

Commissioner for Patents
Attn: MAIL STOP ISSUE FEE
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☒ Form PTO-2038 with authorization to charge credit card in the amount of \$1400.00 to cover the Large Entity Issue Fee Payment and \$300.00 to cover the Publication Fee Payment (1 pg.)

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By:

Paul S. Evans

Reg. No. 36,130

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Laura Bray
Name

Signature